

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|--------------|-------------|---|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * |
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| TOTAL IND. | 3 | | ↓ | | ↓ | | ↓ | |
| TOTAL DEP. | 10 | ↔ | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | 13 | | | | | | | |
| TOTAL IND. TOTAL DEP. TOTAL CLAIMS | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS